

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved

OMB No. 2040-0004

RECEIVED

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ST. MARIES, CITY OF

ADDRESS: 602 COLLEGE AVE.

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP

LOCATION: HIGHWAY 3 (COEUR D'ALENE RESERVATION)

ST MARIES, ID 83861

ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

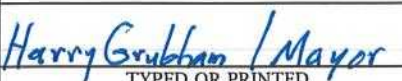
DMR Mailing ZIP CODE: 83861
MINOR S
(SUBR 01)

JUN 13 2016

External Outfall

U.S. EPA REGION 10
Office of Compliance and Enforcement

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****			*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5- day, 20 deg. C	SAMPLE MEASUREMENT				*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5- day, 20 deg. C	SAMPLE MEASUREMENT		*****		*****		*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 DAILY MN	*****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT				*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE	
 TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	208-245-2577	6/7/2016
			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1015 6/15/16 JN

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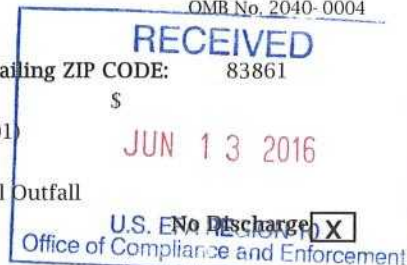
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External Outfall

U.S. No Discharge ☒
Office of Compliance and Enforcement



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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT		*****		*****		*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

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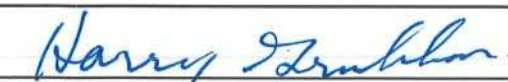
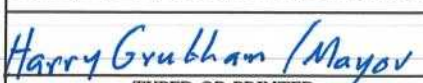
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E. coli, MTEC- MF	SAMPLE MEASUREMENT	*****	*****	*****	*****						
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT				*****						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5- day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD

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